



**THE COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF PLUMBING
101 SEA HERO, SUITE 100
FRANKFORT, KENTUCKY 40601-5405**

WATER HEATER REPORT FORM

MANUFACTURER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NAME _____

MAKE:

- ☐ GAS
☐ ELECTRIC
☐ OIL
☐ OTHER FUELS

MODEL NUMBER: _____

SIZE: _____ GALLONS

SERIAL NUMBER _____

DISTRIBUTOR _____

ADDRESS _____

CITY _____ COUNTY _____ ZIP CODE _____

DATE SOLD _____

PLUMBING CONTRACTOR _____ LICENSE NUMBER _____

ADDRESS _____

DATE SOLD _____

HOME OWNER _____

INSTALLING ADDRESS _____ PERMIT NUMBER _____

(Street or Highway)

CITY _____ COUNTY _____ ZIP CODE _____

DATE OF FINAL _____

DAYTIME PHONE NUMBER FOR FINAL INSPECTION _____

